



# MEDI-CAL UPDATE

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## Billing and Policy Pharmacy Bulletin 573

December 2003

### Contents

Medi-Cal List of Contract Drugs.....	1
Unlisted Wheelchairs, Accessories, and Replacement Parts.....	5
Intravenous Compound Drug Claims.....	5
Medical Supply Billing Codes.....	5
Pharmacy Self-Certification.....	5

### Medi-Cal List of Contract Drugs: Update

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs* and *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications*.

#### Additions, effective October 20, 2003

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
‡ * FOSAMPRENAVIR CALCIUM Tablets	700 mg	ea
* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.		

‡ Drug is exempt from the monthly drug claim line limit.

*Please see Contract Drugs, page 3*

## EDS/MEDI-CAL HOTLINES

Border Providers .....	(916) 636-1000, ext. 2100
Computer Media Claims (CMC).....	(916) 636-1100
DHS Medi-Cal Fraud Hotline.....	1-800-822-6222
Health Access Programs (HAP) – OB, CPSP, Family PACT, BCEDP Providers.....	1-800-257-6900
POS/Internet Help Desk .....	1-800-427-1295
Telephone Service Center (TSC) .....	1-800-541-5555
Provider Telecommunications Network (PTN).....	1-800-786-4346
Specialty Programs .....	1-800-541-7747

For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.

### **MEDI-CAL FRAUD IS AGAINST THE LAW**

**MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS  
EACH YEAR AND CAN ENDANGER  
THE HEALTH OF CALIFORNIANS.**

**HELP PROTECT MEDI-CAL AND YOURSELF  
BY REPORTING YOUR OBSERVATIONS TODAY.**

**DHS MEDI-CAL FRAUD HOTLINE  
1-800-822-6222**

**THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.**

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

**Contract Drugs** (*continued*)**Additions, effective January 1, 2004**

<b><u>Drug</u></b>	<b><u>Size and/or Strength</u></b>	<b><u>Billing Unit</u></b>
DARBEPOETIN ALFA		
* Injection	25 mcg	cc
	40 mcg	cc
	60 mcg	cc
	100 mcg	cc
	150 mcg	cc
	200 mcg	cc
* Injection, prefilled syringe	60 mcg	0.3 cc
	100 mcg	0.5 cc
	200 mcg	0.4 cc
	300 mcg	0.6 cc
* Restricted to use for the treatment of anemia associated with chronic renal failure and in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy.		
DUTASTERIDE		
+ Capsules	0.5 mg	ea
ROSIGLITAZONE MALEATE/METFORMIN HCL		
+ Tablets	1 mg/500 mg	ea
	2 mg/500 mg	ea
	4 mg/500 mg	ea
	2 mg/1000 mg	ea
	4 mg/1000 mg	ea

**Changes, effective January 1, 2004**

<b><u>Drug</u></b>	<b><u>Size and/or Strength</u></b>	<b><u>Billing Unit</u></b>
MOXIFLOXACIN <u>HCL</u>		
<u>Ophthalmic Solution</u>	<u>0.5 %</u>	<u>cc</u>
ROSIGLITAZONE MALEATE		
+ Tablets	2 mg	ea
	4 mg	ea
	8 mg	ea

+ Frequency of billing requirement.

*Please see Contract Drugs, page 4*

## Contract Drugs (continued)

Changes, effective February 1, 2004

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
AMOXICILLIN/CLAVULANATE POTASSIUM		
* Tablets, oral	<u>1 Gm</u>	<u>ea</u>
<b>* <u>Restricted to a maximum dispensing quantity of ten (10) tablets and a maximum of two (2) dispensings in any 30-day period.</u></b>		
* Solution or suspension	125 mg/5 cc	cc
	200 mg/5 cc	cc
	250 mg/5 cc	cc
	400 mg/5 cc	cc
	600 mg/5 cc	cc
* Restricted to a maximum of two (2) dispensings in any 30-day period.		
<b><u>(NDC labeler code 00029 [SmithKlineBeecham] only.)</u></b>		
BUPROPION HCL		
Tablets	75 mg	ea
	100 mg	ea
Sustained release tablet	100 mg	ea
	150 mg	ea
	200 mg	ea
* + Sustained release tablet for smoking cessation	150 mg	ea
* Pharmacy must obtain a letter or certificate of enrollment for the patient from a behavioral modification smoking cessation program. Also restricted to a maximum quantity of 60 tablets per dispensing and therapy lasting up to 12 weeks from the dispensing date of the first prescription and two courses of therapy per 12-month period separated by six months.		
<b><u>(NDC labeler code 00173 [GlaxoSmithKline] only.)</u></b>		
* DALTEPARIN SODIUM		
<u>Injection</u> , prefilled syringe	2500 IU	<u>cc</u>
	5000 IU	<u>cc</u>
<b>* <u>Prior authorization always required.</u></b>		
* LINEZOLID		
Tablets	600 mg	ea
Suspension	100 mg/5 cc      150 cc	cc
<b>* <u>Prior authorization always required.</u></b>		

+ Frequency of billing requirement.

This information is reflected on manual replacement pages drugs cdl p1a 7, 18, 36, 37 and 46 (Part 2), drugs cdl p1b 12, 16, 41 and 55 (Part 2) and drugs cdl p1c 6 and 36 (Part 2).

### Unlisted Wheelchairs, Accessories and Replacement Parts: Corrected Reimbursement Methodology

An article that ran in the December 2003 Pharmacy *Medi-Cal Update* 572 listed incorrect amounts for the aggregate Manufacturer's Suggested Retail Price (MSRP) for manual wheelchairs. The correct amounts are as follows:

#### Manual Wheelchairs

<u>Aggregate MSRP *</u>	<u>Percentage of MSRP</u>
\$1 – \$1,500	90
\$1,501 – \$4,000	85
\$4,001 +	80

\* The total aggregate MSRP includes the wheelchair base and all accessories billed for each date of service (for example, date of delivery).

Please refer to the December 2003 *Medi-Cal Update* 572 for additional information on the reimbursement methodology for unlisted wheelchairs, accessories and replacement parts. *This information will be reflected in future manual replacement page updates.*

### Intravenous Compound Drug Claims: Billing Update

Effective for dates of service on or after December 1, 2003, intravenous or intra-arterial compounded drugs may be billed with Route of Administration code 04 (injection) or Route of Administration code 14 (perfusion) using the 10-day Code I rule. The *Route of Administration* field is Box 23 of the *Compound Drug Pharmacy Claim Form* (30-4). Previous policy allowed only Route of Administration code 04.

**Note:** For additional information about the Code I rule, refer to the *Drugs: Contract Drugs List Introduction* section of the Part 2 manual.

### Medical Supply Billing Codes: Policy Clarification

Effective for dates of service on or after February 1, 2004, Medi-Cal is clarifying what may be billed under medical supply billing codes 9930A and 9930D. Code 9930A covers feeding tubes not pre-attached to a bag and not used alone. Tubing with attached bags is not billable with this code. Code 9930D covers enteral feeding supply kit-syringe and enteral feeding supply kit-gravity. Codes 9930A and 9930D cover feeding sets that do not require a pump.

Any sets that use a pump may not be billed with codes 9930A and 9930D. These items must be billed with code 9999A (unlisted and miscellaneous medical supply) and require prior authorization. This information is reflected on provider manual page mc sup lst1 17 (Part 2).

### Pharmacy Self-Certification: Policy Clarification

Self-certification for Other Health Coverage on pharmacy claims does not apply to medical supplies. This is a clarification of existing policy. *The updated information is reflected on manual replacement pages mc sup 1 (Part 2) and oth hlth 8 (Part 2).*

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## Instructions for Manual Replacement Pages

### Pharmacy (PH) Bulletin 573

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December 2003

#### *Part 2*

Remove and replace:

- drugs cdl p1a 7/8, 17 thru 20 \*, 35 thru 40, and 45/46
- drugs cdl p1b 11/12, 15/16, 41/42 and 55
- drugs cdl p1c 5/6, 35/36
- drugs cdl p4 5/6 \*, 13 thru 16 \* and 19 \*
- mc sup 1/2
- oth hlth 7/8

\* Pages updated due to ongoing manual updates